

12-03-04

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AMENDMENT TRANSMITTAL LETTER

Docket No.
PKZ-035CPA2CN2Application No.
10/629340-Conf. #6345Filing Date
July 28, 2003Examiner
Louise N. LearyArt Unit
1654Applicant(s): Margret OETHINGER *et al.*

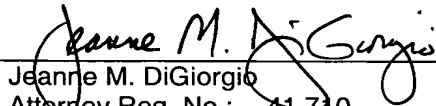
Invention: METHODS OF REDUCING MICROBIAL RESISTANCE TO DRUGS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 24 =	3	x 9.00	27.00
Independent Claims	3	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month Information Disclosure Statement Fee					490.00 180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					697.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 697.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Jeanne M. DiGiorgio
Attorney Reg. No.: 41,710

Dated: December 1, 2004

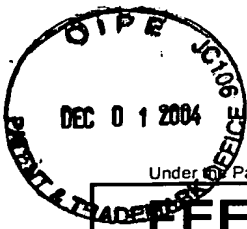
LAHIVE & COCKFIELD, LLP
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Boston, Massachusetts 02109
(617) 227-7400

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Dated: December 1, 2004

Signature: 

(Jeanne M. DiGiorgio)



DEC 01 2004

PTO/SB/17 (11-04)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/629340-Conf. #6345
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 28, 2003
TOTAL AMOUNT OF PAYMENT (\$) 697.00		First Named Inventor	Margret OETHINGER
		Examiner Name	Not Yet Assigned
		Art Unit	1614
		Attorney Docket No.	PKZ-035CPA2CN2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):		2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td colspan="3">Total Claims 27 - 24 or HP = 3 x 9.00 = 27.00 HP= highest number of total claims paid for, if greater than 20</td></tr><tr><td colspan="3">Indep. Claims 3 - 6 or HP = x = 0.00 HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="3">Multiple Dependent Claims Fee (\$): Fee Paid (\$)</td></tr><tr><td colspan="3">Subtotal (2) \$ 27.00</td></tr></tbody></table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims 27 - 24 or HP = 3 x 9.00 = 27.00 HP= highest number of total claims paid for, if greater than 20			Indep. Claims 3 - 6 or HP = x = 0.00 HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims Fee (\$): Fee Paid (\$)			Subtotal (2) \$ 27.00																																																								
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SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	41,710	Telephone (617) 227-7400
Name (Print/Type)	Jeanne M. DiGiorgio		Date	December 1, 2004	

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